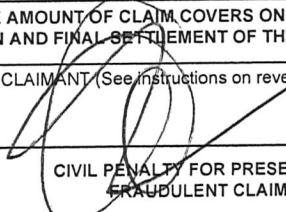


EXHIBIT A

CLAIM FOR DAMAGE, INJURY, OR DEATH <i>TRT-NEP-2017-01575</i>		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency: U.S. Department of Justice Federal Bureau of Prisons NE Regional Office			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code. Crecita Williams as proposed administrator of the Estate of Roberto Grant. 35 Grafton Street, Apt 2B, Brooklyn, NY 11212		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH 03/28/1980	5. MARITAL STATUS Divorce	6. DATE AND DAY OF ACCIDENT 05/19/2015	7. TIME (A.M. OR P.M.) 12:45 A.M.	
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary). Decedent purportedly died of a drug overdose (K2) and/or blunt force trauma at the Metropolitan Correction Center in Manhattan, New York. Decedent was found by other prisoners in a prison common area unconscious and unresponsive.					
9. PROPERTY DAMAGE					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code). N/A					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side). N/A					
10. PERSONAL INJURY/WRONGFUL DEATH					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT. Negligent Security, Supervision and wrongful death in allowing the decedent to be assaulted, battered and victimized which caused his death from blunt force trauma. Failure to timely discover decedent in a common area of the prison, failure to timely afford medical treatment to decedent. Fraud.					
11. WITNESSES					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
N/A		N/A			
N/A		N/A			
N/A		N/A			
12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)					
12a. PROPERTY DAMAGE 0.00	12b. PERSONAL INJURY 10,000,000	12c. WRONGFUL DEATH 10,000,000	12d. TOTAL (Failure to specify may cause forfeiture of your rights). 20,000,000		
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). 			13b. PHONE NUMBER OF PERSON SIGNING FORM (212) 422-1020		14. DATE OF SIGNATURE 1/27/18
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident Insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

N/A

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☐ No

N/A

17. If deductible, state amount.

0.00

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

N/A

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

N/A

INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

- (a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.
- (b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.
- (c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.
- (d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. **Principal Purpose:** The information requested is to be used in evaluating claims.

C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.

D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.



OFFICE OF CHIEF MEDICAL EXAMINER
CITY OF NEW YORK



REPORT OF AUTOPSY

Name of Decedent: Roberto Grant

M.E. #: M-15-003072

Autopsy Performed by: Jennifer L. Hammers, D.O. Date of Autopsy: May 19, 2015

FINAL DIAGNOSES

- I. BLUNT FORCE TRAUMA OF HEAD, NECK, TORSO, AND EXTREMITIES
 - A. PETECHIAL HEMORRHAGES OF EYES, PERIORBITAL SOFT TISSUE AND MUSCLE, ORAL MUCOSA, POSTERIOR OROPHARYNX, BASE OF TONGUE, TRACHEA, ESOPHAGUS, AND TEMPORALIS MUSCLES
 - B. BLOTCHY SCLERA HEMORRHAGES, BILATERAL
 - C. SUBCUTANEOUS EMPHYSEMA, EYE LIDS AND PERIORBITAL TISSUES
 - D. DISTENTION OF NECK VEINS AND TEMPORAL VESSELS, MARKED
 - E. CONTUSION, RIGHT LOWER LIP
 - F. EXCORIATIONS, ORAL MUCOSA OF LIPS
 - G. NECK MUSCLE AND SOFT TISSUE HEMORRHAGES, MULTIPLE, BILATERAL
 - H. TRACHEAL RING HEMORRHAGE, LARGE
 - I. PERI-CAROTID ARTERY HEMORRHAGES, BILATERAL
 - J. HEMORRHAGE OF TONGUE, LEFT (1/2")
 - K. SUBSCALPULAR HEMORRHAGE (3), OCCIPITAL (2" EACH)
 - L. CEREBRAL EDEMA, MODERATE
 - M. HEMORRHAGE, LEFT FOREARM MUSCLE (5"), RIGHT ELBOW (1/2"), LEFT SHOULDER (4"), AND RIGHT LATERAL CHEST SOFT TISSUES (1")
 - N. DEEP LUNG PARENCHYMAL LACERATION (1"), LEFT LOWER LOBE
 - O. SEE HISTOPATHOLOGY

- II. NEUROPATHOLOGY EXAMINATION WITHOUT SIGNIFICANT PATHOLOGIC CHANGES

- III. FOUND IN MULTI-INMATE FEDERAL JAIL CELL, UNRESPONSIVE AND IN CARDIAC ARREST

D. Stevens DS
01/10/17

THIS IS A TRUE COPY
Office of Chief Medical Examiner
This record cannot be released without
prior consent from the Office of Chief
Medical Examiner, New York City, N.Y.

- A. STATUS POST CARDIOPULMONARY RESUSCITATION BY MULTIPLE PROVIDERS
- B. FROTH IN BRONCHI

- IV. TOXICOLOGY WITHOUT SIGNIFICANT POSITIVITY
 - A. SYNTHETIC CANNABINOIDS NOT DETECTED
 - B. SEE TOXICOLOGY REPORTS

- V. HYPERTENSIVE CARDIOVASCULAR DISEASE
 - A. CARDIAC HYPERTROPHY (450 GRAMS)
 - B. CONCENTRIC LEFT VENTRICULAR HYPERTROPHY (1.8 CM)
 - C. ARTERIOLONEPHROSCLEROSIS, MODERATE
 - D. TIGHTLY ADHERENT RENAL CAPSULES

- VI. CORONARY ARTERY ATHEROSCLEROSIS, SLIGHT (50%), LEFT MAIN CORONARY ARTERY

- VII. HEPATIC FIBROSIS, UNCERTAIN CAUSE, MODERATE

CAUSE OF DEATH:

UNDETERMINED

MANNER OF DEATH:

UNDETERMINED

OFFICE OF CHIEF MEDICAL EXAMINER
CITY OF NEW YORK

REPORT OF AUTOPSY

CASE NO. M-15-003072

I hereby certify that I, Jennifer L. Hammers, D.O., Deputy Chief Medical Examiner, have performed an autopsy on the body of Roberto Grant, on the 19th day of May, 2015, commencing at 9:30 AM in the Manhattan Mortuary of the Office of Chief Medical Examiner of the City of New York. This autopsy is performed in the presence of Dr. Jason Graham and Dr. Michele Slone. The body is received in the supine position in a plastic body bag which is secured with a white plastic seal bearing the number 54009.

EXTERNAL EXAMINATION:

The body is of a well-developed, well-nourished, muscular, average-framed, 5'10", 204 lb medium brown-skinned Black man whose appearance is consistent with the given age of 35 years. The top of the head exhibits balding and the sides of the head are shaved. There is a goatee that measures up to approximately 1/4" in length and is black in color. The nose and facial bones are palpably intact. The eyes have brown irides and the conjunctivae are without edema or jaundice. The oral cavity has natural teeth in good condition. The top front right tooth is absent and there is well-healed pink mucosa overlying the socket. Within the mouth is a displaced partial denture containing one tooth with the name (CROSS) on the denture. The head, neck, torso, and extremities are with trauma as described below. The hands are not bagged. The hands are atraumatic and the fingernails are neatly trimmed, well-groomed, without breaks, debris or foreign material. The soles of the feet are with slight dry scaly skin and without trauma. The external genitalia are of a circumcised normal adult male. There are scars and tattoos over the body as follows: There is a 2-1/2" x 3/4" well-healed surgical scar on the right shoulder. There is a 1" well-healed linear scar on the right chest just above the breast. There is a 4" x 6" monochromatic professional tattoo on the lateral upper left arm. There is a 1/2" linear scar above and to each side of the right knee. There is a 2-1/2" well-healed linear and vertical scar on the right knee extending inferior along the shin. There is a 1/2" well-healed scar on the upper medial aspect of the left knee. There is a 1" well-healed linear scar and a 1/2" well-healed circular scar on the left mid-thigh. There is a 3/4" monochromatic professional tattoo on the posterior aspect of the left ring finger. There is a 9-1/2 x 2" professional monochromatic tattoo on the anterior left forearm. There are a 4-1/2" and a 3-1/2" transverse linear well-healed

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ROBERTO GRANT

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scar on the upper lateral left torso. There are well-healed surgical scars over the right shoulder, upper back and posteromedial upper arm that measure from superior to inferior, 1/4", 1/4", 1", 1/4", 3/4", 2-1/2" and 2-1/2" on the torso. On the posterior upper arm they measure from superior to inferior 3/4" and 1/4". On the upper back is an 11" x 12" monochromatic professional tattoo. On the posterior right forearm is a 1 x 1/2" well-healed scar and on the posterolateral right thigh is a 6" well-healed vertical scar. Over the arms, hands and legs are a few well-healed irregular scars measuring up to approximately 1/4" each. The left first toenail is thick and yellow. The extremities are without scars overlying subcutaneous veins. There is an OCME toe tag on the right foot.

POSTMORTEM CHANGES:

There is marked symmetric rigor mortis of the upper and lower extremities, neck and jaw. Lividity is posterior, purple and unfixable. The body is cool to warm. There is brown material coming from the nares and mouth, present on the face and staining the t-shirt.

THERAPEUTIC PROCEDURES:

In place is an endotracheal tube. There is an intravenous line in the left antecubital fossa. There are electrocardiogram leads and defibrillator pads in the body bag. There is a moderate amount of froth in the bronchi. There is a hospital bracelet on the left wrist.

CLOTHING:

The body is clad in a white sock on the left foot, a pair of gray sweatpants, a gray T-shirt that has been previously cut, gray boxer shorts, and a pair of white to gray jersey shorts. There is a white sock in the body bag. The clothing is collected and submitted to Evidence.

On the left ring finger is a white and yellow metal band. The band is removed and submitted as personal property to Evidence.

INJURIES:

There are blunt force injuries of the head, neck, torso and extremities.

The veins of the neck and the vessels of the temporal regions are markedly distended. A large amount of blood drains from the neck vessels upon reflection of the skin of the neck and upper torso.

The eyelids and periorbital soft tissues are with marked subcutaneous emphysema and the skin of the eyelids is very friable with a small tear occurring at the distal right eyelid upon gentle manipulation for photography. There are abundant petechial hemorrhages in the conjunctiva, sclera, oral mucosa, posterior oropharynx, base of the tongue, trachea, and posterior aspect of the external esophagus. There are large blotchy scleral

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hemorrhages on the lateral aspects of the eyes and smaller blotchy hemorrhages in medial aspects of the eyes.

There is a 1/8" red contusion on the right lower lip. There are several small (less than 1/4") red mucosal excoriations on the inner aspect of the lower lip near the midline and of the right upper lip.

The scalp has no contusion. There are three discrete regions of subscalpular measuring approximately 2" x 2" each, located in the occipital region as follows: left occipital at the posterior aspect of the temporalis muscle, occipital midline, and the right occipital at the posterior aspect of the temporalis muscles. There are abundant petechial hemorrhages in the temporalis muscles, greater on the left than right. There is no skull fracture or epidural, subdural or subarachnoid hemorrhage. The brain weighs 1420 gm and is normal size and shape with moderate cerebral edema and is saved with the spinal cord and dura in formalin for neuropathological examination. A separate report will be issued.

The neck is with evidence of hemorrhage as follows: There is a focal region of hemorrhage in the subcutaneous tissues just lateral to the sternocleidomastoid muscles present both superior and inferior to the mid-aspect of each clavicle. There is a 1 x 1" hemorrhage of the superficial left sternocleidomastoid muscle at the mid-aspect. There is a 1 1/2" x 1/2" hemorrhage in the deep right sternocleidomastoid muscle at the inferior aspect. There is a 1" x 1/2" full thickness hemorrhage of the left sternothyroid muscle extending from the mid-aspect to the superior aspect. There is a 1/4 x 1/4" hemorrhage in the deep left omohyoid muscle at the superior aspect. There is a 1/4 x 1/4" hemorrhage in the deep right omohyoid muscle at the superior aspect. The thyroid gland is without hemorrhage. There is a 1/4" x 1/4" hemorrhage in the left cricothyroid muscle at the lateral aspect. There is 1/4" discrete hemorrhage along the mid-aspect of the carotid artery on each side, at the level of cervical vertebrae 5/6. There is a discrete 3/8" hemorrhage in the right longus colli muscle at the level of cervical vertebrae 5/6. There is a 1/4" hemorrhage over the 6th cervical vertebral body in the midline. There is a 1/8" hemorrhage in the lateral aspect of the left longus colli muscle. There are two 1/4" hemorrhages in the left posterior oropharynx adjacent to the epiglottis. There is discrete 1/8" hemorrhage over in the posterior oropharynx adjacent to the cornua of the hyoid bone bilaterally. The hyoid bone is reviewed with anthropology at autopsy and is without trauma. There is discrete hemorrhage in the soft tissues overlying the inferior horns of thyroid cartilage. Between the esophagus and posterior aspect of the upper trachea and lamina of the cricoid is abundant hemorrhage. There is hemorrhage in the fascia overlying the superior horns of the thyroid cartilage. The upper airway is patent. There is hemorrhage of the tracheal rings, primarily at the right anterior lateral and posterior aspects of tracheal rings 5 through the bifurcation with some hemorrhage in the proximal right mainstem bronchus cartilage rings.

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On the posterior neck is a blush of hemorrhage in the bilateral superficial aspect of the semispinalis capitis muscles at the high cervical level. At the mid- to lower cervical levels there is a faint blush of hemorrhage throughout the superficial right semispinalis capitis muscle. There is a discrete 1" x ½" hemorrhage at the medial aspect of the right semispinalis cervicis muscle.

The tongue is with a ½" x ¼" x ¼" hemorrhage within the muscle of the left tongue near the anterior aspect of the tongue and adjacent to the teeth.

The left lower lobe of lung is with a 1" x ½" x ½" laceration deep in the parenchyma and is surrounded by small amount hemorrhage.

There are no abrasions, contusions or lacerations to the skin surface at autopsy. The skin of the extremities, torso, back and face is reflected to reveal the following: There are petechial hemorrhages in the periorbital muscles and soft tissues, greater on the left than right. There is a 5" x 1 ½" x ¼" hemorrhage in the left extensor carpi radialis longus muscle (forearm) at the proximal aspect. There is a ½" hemorrhage over the right elbow at the medial aspect. There is a 4" x 3" x 2" hemorrhage in the left deltoid muscle that extends deep within the muscle. There is a 1" x ½" hemorrhage in the subcutaneous tissues of the right lateral chest overlying ribs 5 and 6. The body is examined the day after autopsy and reveals no additional injuries on the skin surfaces.

The injuries listed above having been described once will not be repeated.

INTERNAL EXAMINATION:

BODY CAVITIES: The organs are in their normal situs. The pericardial, pleural and peritoneal cavities contain normal amounts of serous fluid and are without hemorrhage or adhesion. The abdominal wall pannus is 1/4" thick.

HEAD: See above.

NECK: See above.

CARDIOVASCULAR SYSTEM: The heart weighs 450 gm and has a normal distribution of co-dominant coronary arteries with slight (50%) atherosclerotic stenosis of the left main coronary artery. The remaining coronary arteries are without significant atherosclerosis. There is no recent thrombus. The myocardium is homogeneous, dark red and firm without pallor, hemorrhage, softening or fibrosis. The left ventricle wall is 1.8 cm and the right ventricle wall is 0.4 cm thick. The endocardial surfaces and four cardiac valves are unremarkable. The aorta is without atherosclerosis. The venae cavae and pulmonary arteries are patent.

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RESPIRATORY SYSTEM: The right lung weighs 770 gm and the left weighs 540 gm. The pink to fluffy parenchyma is with moderate anthracosis but without masses, consolidation or obstruction.

LIVER, GALLBLADDER, PANCREAS: The liver weighs 1840 gm and has an intact capsule. The brown parenchyma is with moderate fibrotic texture. The gallbladder contains approximately 10 mL of dark green bile without stones. The pancreas is unremarkable in lobulation, color and texture.

HEMIC AND LYMPHATIC SYSTEMS: The spleen weighs 220 gm and has an intact capsule. The color, red and white pulp and consistency are unremarkable. There are no enlarged lymph nodes.

GENITOURINARY SYSTEM: The kidneys weigh 160 gm each and have moderately granular red-brown surfaces with unremarkable architecture and vasculature. The ureters maintain uniform caliber into an unremarkable bladder containing 5 mL of cloudy yellow urine. The renal capsules are tight. The prostate is not enlarged. The testes are unremarkable.

ENDOCRINE SYSTEM: The pituitary, thyroid and adrenal glands are normal color, size and consistency.

DIGESTIVE SYSTEM: The esophagus and gastroesophageal junction are unremarkable. The stomach contains approximately 180 mL of thin green material with very small fragments of round pasta. The gastric mucosa, small intestine and large intestine are unremarkable. The vermiform appendix is present.

MUSCULOSKELETAL SYSTEM: The vertebrae, clavicles, sternum, ribs and pelvis are without fracture. The musculature is normally distributed and unremarkable.

HISTOPATHOLOGY:

Sections (HT15-01987) are submitted for microscopic examination as follows:

- left tongue at hemorrhage (1) shows a focal region of hemorrhage comprised of intact red blood cells surrounding myocytes.
- right upper hyoid soft tissue (2) shows focal hemorrhage comprised of intact red blood cells surrounding myocytes.
- left sternothyroid muscle (3) shows a focal collection of hemorrhage comprised of intact red blood cells on the surface of the muscle and lacing through the intermyocyte planes.
- right posterior oropharynx (4) shows hemorrhage comprised of intact red blood cells within the muscle and deep soft tissues and a focal hematoma comprised of intact red blood cells within the deep tissue.
- left posterior oropharynx at epiglottis (5) shows focal discrete hematomas of the tissues comprised of intact red blood cells just below the squamous epithelium.

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- left sternocleidomastoid muscle (6) shows hemorrhage comprised of intact red blood cells lacing along intermyocyte planes.
- right sternocleidomastoid muscle (7) shows focal hemorrhage comprised of intact red blood cells within the muscle and lacing along intermyocyte planes.
- tracheal ring near bifurcation (8) shows hemorrhage comprised of intact red blood cells within the respiratory lining along approximately 40% of the width of the tracheal ring. The hemorrhage is present on the left end of the ring and along the right anterior lateral aspect.
- left arm muscle hemorrhage (9) shows a large hematoma comprised of intact red blood cells with serum separation at the edge of the muscle and within the adjacent soft tissue.
- left carotid sheath with hemorrhage, mid (10) shows an unremarkable artery with focal hemorrhage comprised of intact red blood cells present adjacent to the artery and extending into the soft tissues.
- right carotid, inferior, with soft tissue (11) shows unremarkable artery, muscle, and fatty soft tissue with hemorrhage comprised of intact red blood cells throughout the fatty tissue and surrounding nerves, and focally within the muscle.
- heart (12) shows slight myocyte hypertrophy.
- left lung (13) and right lung (15) show slight to moderate intraalveolar and peribronchial pigmented macrophages and slight anthracosis.
- liver and kidney (14) show no significant pathologic changes of the liver. The kidney shows a few sclerotic glomeruli, slight thickening of the medium sized arteries and a rare focal collection of interstitial lymphocytes.
- posterior right neck, semispinalis cervicis muscle (16) shows hemorrhage comprised of intact red blood cells within the muscle and lacing along intermyocyte planes.

TOXICOLOGY:

Rapid urine drug screen (Status DS 10 Panel) is negative for common drugs of abuse. Samples are submitted for toxicologic evaluation. A separate report will be issued.

FORENSIC BIOLOGY:

Blood specimens and fingernail clippings are submitted to Forensic Biology.

POSTMORTEM RADIOGRAPHY:

Postmortem radiographs are taken and retained.

PHOTOGRAPHY:

Photographs are taken and retained.

EVIDENCE:

Clothing and personal property are collected as evidence.

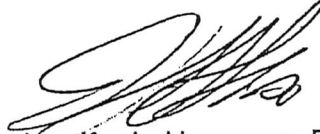
MOLECULAR GENETICS:

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Heart, liver and spleen specimens are held for molecular genetic studies if needed in the future.

A handwritten signature in black ink, appearing to read 'J. Hammers', is positioned above the printed name.

Jennifer L. Hammers, D.O.
Deputy Chief Medical Examiner
December 28, 2016



THE CITY OF NEW YORK
OFFICE OF CHIEF MEDICAL EXAMINER



NEUROPATHOLOGY REPORT
CASE NUMBER: M15003072

NAME OF DECEDENT: ROBERTO GRANT
DR. HAMMERS PERFORMED THE AUTOPSY ON 5/19/15
DRS. STOLZENBERG AND SCORDI-BELLO EXAMINED THE BRAIN AND SPINAL CORD ON 6/11/15

GROSS EXAMINATION:

Brain weight: 1420 gm

The specimen consists of the brain and intracranial dura of an adult. Prior to fixation, a portion of the right occipital lobe has been removed for possible toxicology studies.

The intracranial dura is not remarkable. All venous sinuses are patent.

The leptomeninges are thin, delicate and transparent. The cerebral gyri are of normal size, configuration and consistency. There is no sign of herniation. The external aspects of the brainstem and cerebellum are not remarkable. The arteries at the base of the brain follow a normal distribution and are free of atherosclerosis, aneurysmatic dilatations or sites of occlusion. All cranial nerve stumps identified are not remarkable.

Coronal sections of the cerebrum reveal no focal lesions in the cortex, white matter or deep nuclear structures. There is no shift of the midline structures. Sections of the midbrain, pons, medulla oblongata and cerebellum show no focal abnormalities. Myelination is normal for age. The substantia nigra is well pigmented. The ventricular system and cerebral aqueduct are patent, and normal in size and configuration. The ependymal lining is smooth and glistening.

Spinal cord with dura from the upper cervical to cauda equina levels shows no external abnormality. The dura is smooth and glistening. The leptomeninges are thin and transparent. Transverse sections of the cord at 1.5 cm intervals are unremarkable.

PHOTOGRAPHS: YES

MICROSCOPIC EXAMINATION:

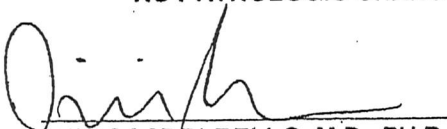
H & E stained sections:


1. Left superior frontal gyrus	2. Left basal ganglia	3. Right thalamus
4. Right hippocampus	5. Midbrain	6. Pons
7. Medulla	8. Cerebellum	9. Spinal cord

Sections show no significant pathologic changes.

DIAGNOSIS:

NO PATHOLOGIC CHANGES


IRINI SCORDI-BELLO, M.D., PH.D.
6/25/2015

 6/25/15
ETHAN STOLZENBERG, M.D., PH.D.

The City of New York
Office of Chief Medical Examiner
520 First Avenue
New York, NY 10016

Forensic Toxicology Laboratory

Deceased: Roberto Grant

M.E. Case No.: M1503072

Lab. No.: 1900/15

Autopsy By: Dr. Hammers

Autopsy Date: 05/19/15

Specimens Received:

Bile, Blood (Femoral), Blood (Heart), Brain, Gastric Content, Liver, Urine (1 of 2)
Urine (2 of 2), Vitreous Humour

Specimens Received in Laboratory By: Doniche Derrick

Date Received: 05/20/15

Equivalents: 1.0 mcg/mL = 1.0 mg/L = 0.1 mg/dL = 1000 ng/mL

1.0 mcg/g = 1.0 mg/kg = 0.1 mg/100g = 1000 ng/g

Results

Blood (Femoral)

Ethanol	Not detected	HSGC
Synthetic Cannabinoids	Not detected	NMS*
Benzoyllecgonine	Not detected	IA
Barbiturates	Not detected	IA
Oxycodone	Not detected	IA
Opiates	Not detected	IA
Amphetamines	Not detected	IA
Benzodiazepines	Not detected	IA
Methadone	Not detected	IA
Cannabinoids	Not detected	IA

Urine (1 of 2)

Cotinine	Detected	GC/MS**
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** Unconfirmed screening result. Confirmation available upon request.

This report has an associated Forensic Toxicology case file.

* See attached copy of NMS Labs report

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Definitions of terms used in this report can be located at <http://www.nyc.gov/ocme>

IA = Immunoassay	CT = Color Test
GC = Gas Chromatography	TLC = Thin Layer Chromatography
GC/MS = GC/Mass Spectrometry	HS = Head Space
LC = Liquid Chromatography	UV/VIS = Ultraviolet/Visual Spectrophotometry
LC/MS = LC/Mass Spectrometry	< = Less than
CA = Chemistry Analyzer	

Signed: 

William A. Dunn

Date: 09/21/15

EC



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 e-mail: nms@nmslabs.com
 Robert A. Middleberg, PhD, F-ABFT, DABCC-TC, Laboratory Director

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Toxicology Report

Report Issued 05/28/2015 15:03

To: 10074
 New York Office of Chief Medical Examiner
 Marina Stajic
 520 First Avenue
 New York, NY 10016

Patient Name M-15-003072
 Patient ID 15-1900
 Chain 11798456
 Age Not Given DOB Not Given
 Gender Not Given
 Workorder 15149387
 Page 1 of 2

Positive Findings:

None Detected

See Detailed Findings section for additional information

Testing Requested:

Analysis Code	Description
9660B	Synthetic Cannabinoids Screen, Blood (Forensic)

Specimens Received:

ID	Tube/Container	Volume/ Mass	Collection Date/Time	Matrix Source	Miscellaneous Information
001	Red Top Tube	1.25 mL	Not Given	Femoral Blood	

All sample volumes/weights are approximations.
 Specimens received on 05/22/2015.



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Workorder 15149387
Chain 11798456
Patient ID 15-1900

Page 2 of 2

Detailed Findings:

Examination of the specimen(s) submitted did not reveal any positive findings of toxicological significance by procedures outlined in the accompanying Analysis Summary.

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded one (1) year from the date of this report; and generated data will be discarded five (5) years from the date the analyses were performed.

Analysis Summary and Reporting Limits:

All of the following tests were performed for this case. For each test, the compounds listed were included in the scope. The Reporting Limit listed for each compound represents the lowest concentration of the compound that will be reported as being positive. If the compound is listed as None Detected, it is not present above the Reporting Limit. Please refer to the Positive Findings section of the report for those compounds that were identified as being present.

Acode 9560B - Synthetic Cannabinoids Screen, Blood (Forensic) - Femoral Blood

-Analysis by High Performance Liquid Chromatography/
TandemMass Spectrometry (LC-MS/MS) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
5F-AB-001	1.0 ng/mL	JWH-018	0.10 ng/mL
5F-APICA	1.0 ng/mL	JWH-081	0.10 ng/mL
5F-APINACA (5F-AKB-48)	2.0 ng/mL	JWH-122	0.10 ng/mL
5F-MN-18	0.10 ng/mL	JWH-210	0.20 ng/mL
5F-PB-22	0.10 ng/mL	MUMB-CHMINACA	0.10 ng/mL
AM-2201	0.10 ng/mL	MN-18	0.10 ng/mL
APICA	0.20 ng/mL	MN-25	0.10 ng/mL
APINACA (AKB-48)	1.0 ng/mL	PB-22	0.10 ng/mL
BB-22	0.10 ng/mL	THJ-018	0.10 ng/mL
FUB-AKB-48	0.20 ng/mL	THJ-2201	0.10 ng/mL
FUB-PB-22	0.10 ng/mL	UK-144	0.20 ng/mL
FUBIMINA	0.10 ng/mL	XLR-11	0.20 ng/mL

-Analysis by High Performance Liquid Chromatography/
TandemMass Spectrometry (LC-MS/MS) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
5F-ADB-PINACA	1.0 ng/mL	AB-PINACA	0.20 ng/mL
5F-ADBICA	1.0 ng/mL	ADB-FUBINACA	1.0 ng/mL
AB-CHMINACA	1.0 ng/mL	ADB-PINACA	0.20 ng/mL
AB-FUBINACA	1.0 ng/mL	ADBICA	1.0 ng/mL